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Child psychotherapy and research: bridging the gap

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A thesis submitted in fulfillment of the requirement for a PhD by
Published Works, Warwick Medical School, University of Warwick

February 2014

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1. Sailing between Scylla and Charybdis: incorporating qualitative approaches into child psychotherapy research, *Journal of Child Psychotherapy*, 2004, 30/1: 89-111.
2. Recollections of being in child psychoanalysis: a qualitative study of a long-term follow-up project (with Mary Target), *Psychoanalytic Study of the Child*, 2005, 60: 157-177
3. Psychoanalysis and qualitative psychology: complementary or contradictory paradigms?, *Qualitative Research in Psychology*, 2006, 3/3: 213-232.

Part Two: The case study as a method of research in child psychotherapy

4. The 'inseparable bond between cure and research': Clinical case study as a method of psychoanalytic inquiry, *Journal of Child Psychotherapy*, 2006, 32/2: 122-147.

5. Peter Heller's *A Child Analysis with Anna Freud*: The significance of the case for the history of child psychoanalysis, *Journal of the American Psychoanalytic Association*, 2012, 60/1, 45 - 69.

6. A "motion-portrait" of a psychodynamic treatment of an eleven-year-old girl: Exploring interrelations of psychotherapy process and outcome using the Child Psychotherapy Q-Set (with Celeste Schneider and Adam Duncan), *Journal of Infant, Child and Adolescent Psychotherapy*, 2010, 9/2-3: 94-107

Part Three: Engaging with the evidence-base for psychoanalytic child psychotherapy

7. Research in child and adolescent psychotherapy: an overview. In Lanyado, M. and Horne, A. (eds.) *The Handbook of Child and Adolescent Psychotherapy. Psychoanalytic Approaches*. 2nd edition, 2009. London: Routledge

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Declaration

I, Nicholas Midgley, declare that

(a) the submitted material as a whole is not substantially the same as published or unpublished material that I have previously submitted, or am currently submitting, for a degree, diploma, or similar qualification at any university or similar institution;

(b) that I have stated clearly which parts of the work or works submitted have previously been submitted for any such qualification; and

(c) where the work submitted includes work conducted in collaboration with others, I have provided a written statement on the extent of my individual contribution to the material and the conditions and circumstances under which the work was carried out. This statement has been signed by all collaborating parties.

Note on collaborative work 1

Note on collaborative work 2

Note on collaborative work 3

Note on collaborative work 4

Abstract

Many authors have commented on the perceived gap between psychotherapy research and clinical practice, but with the rise of 'evidence-based practice' over the past decade, this gap has become more problematic. Whilst funders of services increasingly emphasise the importance of practice being informed by the best available research evidence, clinicians have become concerned with the way in which clinical and service-level decisions are based on an overly narrow definition of 'evidence'. Psychodynamic therapists have been especially cautious about 'evidence-based practice', arguing that the methodologies used are not appropriate for this type of therapy. Clinicians working with children have also been concerned that there is limited funding available to evaluate therapy with young people, and that the approaches used are often transposed from studies with adults, without attention to whether they are developmentally appropriate.

This PhD by Published Works brings together a series of papers published between 2003 and 2014, which engage with these topics. They address issues of methodology and policy, as well as providing examples of attempts to 'bridge the gap' using both primary research and secondary reviews of the existing literature. The papers are mostly presented in chronological order, and have been organised into three sections. Part one, 'Incorporating qualitative research methods into child psychotherapy', includes three papers that deal conceptually and practically with the issue of identifying appropriate research methods for investigating child psychotherapy. The papers in part two, 'The case study as a method of research in child psychotherapy', examine the traditional method of investigating child psychotherapy, and explore the pros and cons of this approach. The final section, 'Engaging with the evidence-base for psychoanalytic child psychotherapy', offers an approach to evaluation that draws on a range of methodologies, and thereby engages with evidence-based practice whilst also offering a critique of current approaches.

Nick Midgley – a bibliography, 2002-2014

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Introductory chapter.

This thesis, submitted for the PhD by Published Works at the University of Warwick, brings together a series of my published papers that engage with issues concerned with the relationship between child psychotherapy practice and systematic research, in order to address the question: What are the appropriate methods for research in child psychotherapy? This introductory paper provides a context and a background to the subsequent papers, and draws out some of the underlying themes that run through the work. Between them, these publications aim to address issues of methodology and of policy, as well as to provide examples of attempts to 'bridge the gap' between research and clinical practice by means of original studies and critical analyses of the existing research.

* * *

The papers in this PhD thesis submission were all published in the years since I qualified as a child and adolescent psychotherapist in 2002. During that period, research within the field of child psychotherapy has undergone a rapid evolution. At the time that I was training to be a child psychotherapist, one could identify two quite separate views on the relationship between psychoanalysis and research:

- A **first position**, which argued that psychoanalysis *is itself a form of research*, one that is uniquely suited to studying its specialist field: the unconscious. The psychoanalytic session, with its method of free association, transference and interpretation, was regarded as a unique 'laboratory' in which to examine the mind – a set condition, much like any other experimental setting, in which a number of variables are controlled (the setting, the time,

the people) so that a certain kind of data could be observed. Freud himself was perhaps the first exponent of this position, but it has been articulated recently by Hinshelwood (2013), who draws especially on the ideas of Ezriel (1956) in arguing that the couch can be seen as an experimental setting for scientific research in its own right.

- A **second position**, which argued that psychoanalysis *cannot be considered a method of research*, because it lacks the fundamental features of a scientific method – perhaps most importantly, a means by which its hypotheses can be falsified (Popper, 1963). Two contrasting conclusions arise from this position: either that psychoanalysis is best considered another kind of practice – an art form, perhaps, or a hermeneutic method (e.g. Ricoeur, 1970), in which case scientific research ‘on’ psychoanalysis is inappropriate; or alternatively, a view that psychoanalysis (if it is not a scientific method itself) has to be evaluated using methods deriving from the other natural sciences, including experimental methods drawn from fields such as academic psychology. Eysenck (1952) was one of the early (and most hostile) advocates of such a view; Fonagy (2003) is a contemporary (and more supportive) exponent of this position.

For many years, most psychoanalytic child psychotherapists in the UK remained outside these debates, which were often considered to be of academic interest only. But since its formal establishment as a profession in the UK (in 1949), child psychotherapy has been in the unusual position of having one foot firmly in the psychoanalytic field, and the other in the public health system (the NHS), as a recognised core profession within child and adolescent mental health services (CAMHS). This ‘dual identity’, which has been the source of a great deal of creativity within child psychotherapy, has also become an increasing source of tension, especially with the rise of the Evidence Based Practice movement from the 1970s onwards (Midgley, 2009). As the national health service has been faced with increased rationing and cuts, and evaluation has become a means of deciding what kind of interventions will be supported, the relationship of child psychotherapy to research is no longer a purely academic question. Given this new context, the child psychotherapist

Mary Boston, in an important paper published in 1989, was one of the first to demand (as the title of her paper put it), a 'search for a methodology for evaluating psychoanalytic psychotherapy with children'.

The papers and chapters in this PhD by Published Works represent my attempt to address the issue that Mary Boston raised. This question has not just been theoretical, but has also involved me conducting my own research (and supervising that of others), in order to try and find ways to make research more clinically-relevant and influential in the current context. The chapters I am submitting are therefore a mixture of conceptual/methodological pieces, papers that address the role and uses of research in the social and political domain, and others that report on specific empirical research studies in the field of child psychotherapy. Throughout these chapters, there is a commitment to bridging the gap (as it has been increasingly seen to be) between child psychotherapy and research, and a belief in 'methodological pluralism' (i.e. the idea that different research methods are required to address different types of research questions, recognising that different kinds of research are necessary to speak to the concerns of different audiences). A commissioner interested in knowing what kind of services to invest in has different (but related) priorities to a child psychotherapist trying to explore questions of technique - and different research methodologies are likely to be necessary to address each of these questions. For some types of research, psychoanalysis has a great deal to offer in terms of ways of understanding and exploring; in others, child psychotherapy needs to adopt or adapt methods from academic psychology – but also from sociology, anthropology and the other social sciences.

The case for methodological pluralism was made in the book I co-edited with several colleagues working in this field, *Child Psychotherapy and Research: New Directions, Emerging Findings* (Midgley et al., 2009), which represented a marker of the evolution of our thinking about the relationship between psychoanalytic child psychotherapy and research. The current submission has been organised into three sections, which reflect the development of my thinking, during the first few

years after the completion of my child psychotherapy training, when I was developing my clinical practice in the National Health Service (NHS) with a wide range of children and families, and discovering the importance of linking research to the realities of clinical work in the public sector

Section One: Incorporating qualitative methods into child psychotherapy research

Through its links with University College London, the Anna Freud Centre (where I trained and now work) has always pioneered and promoted the importance of research, building on Anna Freud's own interest in systematic observation as a method of investigation (Midgley, 2007, 2012b). Perhaps the two most important empirical research studies related to psychoanalytic work with children to have come out of the Anna Freud Centre during the last twenty years have been the longitudinal study by Steele and Hodges, examining attachment in adopted children (e.g. Hodges et al., 2003), and Mary Target's retrospective study of cases at the Anna Freud Centre, which was one of the first attempts to evaluate systematically the effectiveness of child analysis on a large scale (Target and Fonagy, 1994).

On first joining the Anna Freud Centre, I was fortunate to have the opportunity to work with Mary Target on a follow-up to the retrospective study of child analysis, which involved tracking the progress of some of the children who had been in analysis at the Anna Freud Centre in the 1950s and 60s, and whose treatment had been evaluated in the earlier study. Although the design of the follow-up study was primarily quantitative, the research team had realised, almost as an after-thought, that it would be a pity to miss the opportunity to ask these adults what they remembered of being in analysis as children. For this reason a short interview had been designed (by Daniel Barth), in which each of the adults was asked what they remembered of being in therapy. As the interview had not been part of the original design of the study, however, this data had been left untranscribed and un-analysed.

Perhaps a further reason why these interviews had not been analysed up until this point was that staff at the Anna Freud Centre had very little experience with the methods of qualitative data analysis that had been developed precisely to analyse interview data in ways that can focus on the meaning of *personal experience*. In thinking how best to approach the analysis of this data, a chance encounter with a paper by Jonathan Smith, the creator of Interpretative Phenomenological Analysis (Smith et al., 2009), made me realise that there was a whole other way of doing research that had not been part of my 'research methods' teaching at UCL. This alternative tradition had developed in the field of social science rather than academic psychology, but clearly had a great deal to offer the field of child psychotherapy research. Although widely used in fields as diverse as anthropology, education and sociology, these systematic methods of interpreting qualitative data had been little used by clinical researchers looking at psychoanalytic child psychotherapy.

The first paper in this section of my submission (Chapter 1; Midgley, 2004) was the result of my immersion in qualitative research methodologies developed primarily in the social sciences, and my attempt to articulate potential ways in which these approaches could contribute to research in the field of psychoanalytic child psychotherapy. In this paper I discuss three aspects of child psychotherapy where qualitative research has the potential to make a contribution (relevant but non-psychotherapy research; accounts of therapy research; and therapy process research), and describe some of the qualitative approaches that can be used to do this. The paper argues that qualitative methods represent a way to steer a course for child psychotherapy researchers between the 'Scylla' of traditional case study research and the Charybdis of quantitative methods derived from academic psychology.

The second paper in this section (Chapter 2; Midgley and Target, 2005) involved the use of one such qualitative methodology – interpretative phenomenological analysis – based on my work on the follow-up study of child analysis. Alongside a companion paper (Midgley, Target and Smith, 2006), this paper sets out what we had learnt from this group of adults who had been in child analysis up to

forty years earlier, including some important insights into the way in which these adults felt that child analysis had contributed to changes in their lives. One theme of particular significance focused on the idea that child analysis provided these people with 'tools' to deal with later difficulties in their lives, even if it did not prevent later difficulties from happening. The studies also raised some challenging questions for child analysis, such as the finding that some adults who had been in analysis as adolescents had been left with a long-term belief that being in treatment was in itself a significant confirmation that they were deeply damaged or disturbed.

Working on this research not only shaped almost all my subsequent research activity but also had implications in relation to the topic of this PhD submission (i.e. in terms of my thinking about the appropriate methodologies for evaluating psychoanalytic child psychotherapy). I realized, as a result of conducting this study, that the qualitative methodologies I had been reading about, with their focus on interpreting the meaning of personal experience, had a significant place in the history of psychotherapy research, although little of this had crossed over into the study of child psychoanalytic therapy. In working on this study, I discovered the long tradition of examining the patient's experience of psychotherapy, which went back at least as far as Hans Strupp, one of the giants of psychotherapy research (Strupp, 1969); and I also came to realise that there was a long tradition of using qualitative methods to investigate the psychotherapy process. In parallel to my work at the Anna Freud Centre, colleagues at the Tavistock Clinic were also investigating how Grounded Theory (Glaser and Strauss, 1967) could be incorporated into the study of the child psychotherapy process (e.g. Anderson, 2003), to examine issues such as the meaning of risk-taking behaviour in children referred to CAMHS; whilst colleagues in Sweden were using qualitative interviews with children to understand their hopes and expectations of psychodynamic child psychotherapy (e.g. Carlberg et al., 2009).

One of the challenges in using a qualitative methodology drawn from the social sciences was deciding to what degree it would be appropriate to bring a 'psychoanalytic' lens to the process of

interpreting the meaning of the interviews. By immersing myself in the literature about qualitative research, and how it could best be adapted to the field of child psychotherapy, I discovered that many of the qualitative methods I encountered were either ignorant of, or actively hostile to, the field of psychoanalysis - although there were some notable exceptions, such as the work of Steiner Kvale, who argued that psychoanalysis had a significant contribution to make to qualitative interviewing (Kvale, 1996). Nevertheless, most of the qualitative researchers I encountered, including the founders of Interpretative Phenomenological Analysis, believed that psychoanalysis imposed a rigid theoretical framework on people's experiences, which was antithetical to the inductive method at the core of their qualitative approach to inquiry.

The third paper in this section (Chapter 3; Midgley, 2006b), on the role of psychoanalysis in qualitative research emerged from my exploration of 'psychosocial studies', where a great deal of work had been done, often at the margins of social studies, exploring the contribution of psychoanalytic thinking and methods, to qualitative research and the social sciences. I gradually discovered that others had gone before me - with pioneers such as Georges Devereux (1967) paving the way for psychoanalytic social scientists such as Wendy Hollway (Hollway and Jefferson, 2000), Michael Rustin (2003) and Stephen Frosch (2003). Having already written (Midgley, 2003) about the way that qualitative research methods could contribute to psychoanalytic child psychotherapy, this paper sets out the ways in which psychoanalysis can - or already has - contributed to qualitative research. It addresses the way in which psychoanalysis can enable the development of a more sophisticated way of thinking about the process of data collection and data analysis within qualitative research by utilising concepts such as 'counter-transference', and through its focus on unconscious communication. Unlike the other papers in this PhD thesis, this chapter was primarily addressed, not to the clinical (child therapy) community, but rather to the wider social science research community. Since writing this paper, I have continued to make a case for the value of *psychoanalytic* research methodologies, as well as research methodologies that evaluate (or

investigate) psychoanalysis; and have supervised a number of research projects (e.g. Holmes, 2013) that develop these ideas further.

Section Two: The case study as a method of research in child psychotherapy

The first paper in this section (Chapter 4; Midgley 2006a) was the result of my early exploration into the history of research in psychoanalysis and child psychotherapy, and was part of a broader series of research studies in which my colleagues and I explored specific elements of child psychotherapy practice, including topics such as the process of referral to child psychotherapy (Kam and Midgley, 2006), the theory and practice of assessment (Petit and Midgley, 2008), endings and termination in child analysis (Navridi and Midgley, 2006) and the role of dream interpretation in classical and contemporary clinical work with children (Lempen and Midgley, 2006).

The context for this paper was the revival of interest in case study methods as a form of psychoanalytic research. This has been demonstrated in various ways (e.g. Kächele, Schachter & Thomä, 2012), but has perhaps been most clearly articulated at the Tavistock Clinic, as part of the child psychotherapy doctoral program under the intellectual leadership of Michael Rustin. The clinical case study, which had been for Freud the method of psychoanalytic research *par excellence*, had during the course of the 20th century gradually fallen into disrepute among academic psychologists. However, Rustin (2003, 2009) argues that the increasing use of ‘scientific’ methods of research, derived primarily from academic psychology, does not mean that the traditional ways of creating knowledge and making new discoveries in the field of psychoanalysis – especially the narrative case study based upon intensive clinical work with a particular patient – are redundant. Indeed, he goes further, and argues that the clinical case study is the *unique* method of psychoanalytic research, which has been responsible for most of the major developments in the field of psychoanalytic knowledge.

There are, however, continued debates about the degree to which clinical case study can be considered a method of research per se (e.g. Fonagy, 2009), and its relative importance as a method of research. Debates about the nature of research in psychoanalytic child psychotherapy continue at the level of epistemology, methodology and in terms of political priorities. My collaboration with Cathy Urwin and colleagues from the Tavistock, which led to the publication of *Child Psychotherapy and Research: New Directions, Emerging Findings* (Midgley et al., 2009), led me to review the place of case study methods in psychoanalytic research (Midgley, 2006b), and to write a series of papers that explored the role and possibilities of case study research, both historically (e.g. Midgley, 2012a) and in terms of contemporary empirical research (Schneider, Midgley and Duncan, 2010).

The first chapter of this section suggests that the link that Freud established between case study and research arose from the fact that Freud viewed the psychoanalytic setting as providing a unique opportunity for accessing the unconscious, and thereby learning about elements of the functioning of the mind, which traditional academic research had not been able to access. His disregard for experimental research studies arose from his belief that psychoanalysis was not only a method of clinical treatment, but that the 'success' of a psychoanalysis depended on the degree to which it was possible to construct correctly an understanding of the workings of the unconscious mind.

This paper suggests that Freud's privileging of the case study approach was part of a broader intellectual and research tradition that still had significant influence in the early twentieth century across a number of disciplines, but which was eclipsed (at least within psychology) by the rise of positivism and behaviourism, and the growth in sophistication of methods of statistical analysis. It argues that this sea-change in attitudes to what constitutes 'scientific' research led to Popper's famous critique of psychoanalysis in 1959 for its lack of what he regarded to be the crucial element that makes a discipline 'scientific' (i.e. the possibility of falsifiability). The dominance of Popper's view of science had an influence on the gradual 'discrediting' of psychoanalysis as a science of the

unconscious mind, and went hand-in-hand with the equally influential paper by Eysenck (1952) in which he questioned the effectiveness of psychoanalysis as a therapeutic method.

This paper argues that despite the validity of Popper's critique, the case study method nevertheless has certain unique strengths as a research method, *to answer certain kinds of research question*.

The renewed interest in case study research, both in psychoanalysis and within counselling and psychotherapy more generally (e.g. McLeod, 2010), has been based on a clearer appreciation of the fact that case study methods are especially helpful when addressing issues related to the change process, or to generate new hypotheses about the mind (e.g. Rustin, 2009), but may be inappropriate to test existing hypotheses, or to evaluate the effectiveness of an intervention. The need for methodological pluralism is not based on the belief that all methods are of equal value, but rather a belief that some methods are uniquely able to help us to address some kinds of research questions; and that other methods are better suited for other forms of research.

The second paper in this section (Chapter 5; Midgley, 2012) expands on a brief reference to the child analysis of Peter Heller made in one of my earlier papers, and comprises an investigation of one of the few case studies we have that illustrates Anna Freud's approach to child analysis during her early period in Vienna (Heller, 1990). This paper demonstrates the value of this case study, in particular as a spring board for theoretical and clinical innovation, and as a way of tracing the evolution of Anna Freud's approach to working analytically with children. The paper argues that one of the values of the notes made by Anna Freud about this treatment, especially when combined with Heller's own memories of the analysis written many years later, is that it offers enough 'data' to allow the reader to re-interpret it from different perspectives. As such, it fulfils one of the key criteria for good qualitative research, as set out by Mayes and Pope (2000) - i.e. that it provides sufficient data to allow the reader both to see how Anna Freud's own interpretation is rooted (or not rooted) in observation; but also to 'triangulate' with other perspectives, allowing the reader to make sense of

those observations in other ways, and to build other explanatory models that may have on-going clinical significance.

In reviewing the history of case study research, I also came to appreciate that the 'case study' method in psychotherapy can utilise quantitative, as well as qualitative data. My collaboration with Celeste Schneider, who developed the Child Psychotherapy Q-Sort (CPQ, Schneider, 2004) as an adaptation of the widely-used Psychotherapy Q-Sort (PQS, Jones, 2000), involved the combined use of both qualitative and quantitative approaches as part of both case study (Schneider, Duncan and Midgley, 2010), and cross-case comparison approaches (Schneider, Pruetzel-Thomas and Midgley, 2009). The third paper in this section (Chapter 6; Schneider, Midgley and Duncan, 2010) demonstrates how a more quantitative type of case study can be used to investigate a key element of child psychotherapy - the 'interactional structures' between a child and a therapist - and the extent to which such structures can bring about therapeutic change. Based on a small number of video-recorded treatments investigating the effectiveness of child analysis, a series of studies was designed to investigate specific elements of the child analytic process, of which this chapter is one example. This interest in developmentally-appropriate process measures also led us to develop an adolescent adaptation of the PQS (Jones, 2000), the Adolescent Psychotherapy Q-Sort (Bychkova, Hillman, Midgley and Schneider, 2011), the further development of which is now taking place in my research team at the Anna Freud Centre, and the APQ is now being used as part of the on-going IMPACT Study, investigating the treatment of adolescent depression (see section three, below).

The three papers in this section of the thesis highlight the range of case study methods that are available to psychoanalytic child psychotherapy researchers, and the strengths and weaknesses of these different forms of case study research, in terms of the different research questions that can be addressed. They are part of what can be seen as a revival in case study methods (e.g. McLeod, 2011),

whilst at the same time recognising the limitations of this approach when addressing certain kinds of research questions, or when addressing certain audiences.

Section Three: Engaging with the evidence-base for psychoanalytic child psychotherapy

In the current political climate, and with the rise in the UK of the National Institute for Health and Clinical Excellence (NICE) Guidelines and evidence-based commissioning, psychoanalytic child psychotherapy, like many other non-behavioural forms of therapy, is under threat from cuts, because of a relative lack of an 'evidence base'. In this context, research is not only of *scientific* importance in terms of furthering our knowledge and understanding, but also of *political* or *strategic* importance, in order to justify investment and the commissioning of services.

Over the last few years one element of my research work has become increasingly focused on the evaluation of effectiveness of psychoanalytic child psychotherapy, and helping to establish a credible evidence base (e.g. Midgley and Kennedy, 2011; Abbass et al. 2013), whilst still trying to challenge some of the assumptions of the evidence-based approach, and making a case for a broader definition of 'evidence' in psychotherapy. Despite the rise in quantitative research methods, psychoanalytic researchers have produced powerful critiques of many of the key ideas of 'Evidence Based Practice', such as the reliance on randomised controlled trials, the use of a 'hierarchy of evidence', or the belief that therapy can be assessed in the same way as drug treatments. The papers in this section represent my engagement with the evidence-based practice movement as a 'critical friend' - on the one hand, accepting that psychoanalytic child psychotherapy has to demonstrate its effectiveness if it is to be commissioned using public finances; but on the other hand by articulating a critique of some of the assumptions underpinning this movement, and offering alternative models for demonstrating effectiveness.

The first paper in this section (Chapter 7; Midgley, 2009a) is based on part of a thematic review funded by the North Central London Strategic Health Authority, which I undertook with Eilis Kennedy in 2007 (Kennedy and Midgley, 2007). The aim of this chapter (and of the thematic review itself) was to set out the evidence-base for psychoanalytic child psychotherapy, using generally accepted criteria about what 'counts' as evidence, whilst also making clear some of the debates about this type of research, and demonstrating the value of other types of research. As an outcome of this work, Eilis Kennedy and myself went on to update the review in 2011, where we noted the rapid increase in outcome studies that had appeared between 2004 and 2011 (Midgley and Kennedy, 2011). This paper was widely quoted in the mental health media after it was first published, and has been frequently cited. Many colleagues within the child psychotherapy profession, both nationally and internationally, have contacted me to tell me how they have used this paper to support local arguments for child psychotherapy services to be funded - or for existing funding not to be withdrawn. More recently, I have collaborated with Allan Abbass and colleagues on a meta-analysis of randomized controlled trials that has evaluated short-term psychoanalytic psychotherapy for children and adolescents (Abbas et al., 2013a), which is even more stringent in the criteria used for inclusion / exclusion of studies than the earlier systematic review. Nevertheless the paper still caused a debate about the scientific status of its findings when it was published in the *Journal of the American Academy of Child and Adolescent Psychiatry*, leading to an exchange of letters in a subsequent issue (Nadai and Storch, 2013; Abbas et al., 2013b).

The second paper in this section (Chapter 8; Midgley, 2009b) is part of a growing body of work in the UK and internationally that critiques some of the assumptions underpinning the evidence-based practice movement - in this case, a critique of the models of 'dissemination' that are used when suggesting how findings from randomised controlled trials can be applied to the 'swampy lowland' of actual clinical practice. At a panel at the New Savoy Conference in 2011, alongside the chairman of NICE, Sir Michael Rawlins, I developed further the arguments of this paper in making the case for a more pluralistic approach to assessing and evaluating the evidence for various types of therapies

and treatments. These critiques have been part of a gradual shift in thinking about evidence-based practice as is demonstrated, for example, by the increasing importance given to service users' perspectives, and an acceptance of the potential contribution of qualitative research methods to evidence-based practice guidelines.

Since 2009 I have also been involved in the largest ever randomised controlled trial (RCT) to include an evaluation of short term psychoanalytic psychotherapy (STPP) for young people: the IMPACT Study (Goodyer et al., 2011). As a member of the STPP steering group, alongside Margaret Rustin and other senior figures in the field of child psychotherapy, I have been involved in writing the STPP treatment manual (Midgley et al., 2013) and in supporting the delivery of the study in London (one of three sites, alongside Manchester and Cambridge). As the lead on the assessment of treatment fidelity within the study, I have also had the opportunity to be involved in the collection of therapy audio-recordings, and the development of a new measure of the psychotherapy process with adolescents (Bychkova et al., 2011), which will be used as part of the fidelity study. The audio-recording of this vast number of therapy sessions (with both psychodynamic and CBT therapists) will provide opportunities for a range of therapy process studies as part of the secondary analysis of the IMPACT Study data in the coming years.

In 2011 I was delighted to secure a major research grant from the Monument Trust to carry out a qualitative study linked to IMPACT, examining the experience of the young people and their parents who are taking part in the randomised controlled trial. The *IMPACT - My Experience (IMPACT-ME)* Study is the focus of the next publication in this section (Chapter 9; Midgley, Ansaldo and Target, 2014). In this paper we set out a case for mixed-methods research, in which qualitative data are included within randomised controlled trials, and in which questions about *meaning and experience* are intertwined with questions about *effectiveness and impact*. This mixed-methods approach is a further elaboration of the earlier argument for a pluralistic research culture – but one in which a plurality of approaches are utilised within a single study. We are currently working on a series of

papers based on the initial findings from this study, examining young people's experience and understanding of depression, and their expectations of therapy.

For many child psychotherapists, the IMPACT study has been the first opportunity to be involved with a large-scale, publicly-funded research project, and many members of the Association of Child Psychotherapists have been involved – whether as clinicians, supervisors, manual-writers, 'fidelity raters' or as anxious lookers-on, for a study that is likely to have a significant effect on the provision of child psychotherapy within the public sector. The final paper in this thesis (Chapter 10; Henton and Midgley, 2012) returns to the small-scale, qualitative studies that I have always valued, as a way of examining the experience of a small number of child psychotherapists taking part in the early stages of the IMPACT study. It marks something of the changing relationship between child psychotherapists and research that has taken place over the last ten or fifteen years. The 'path in the woods' which it refers to in the title, indicates both the sense of a journey and the potential dangers involved.

The main findings from the IMPACT clinical trial should be available in 2015, and it is hard to predict what they will be. But whatever the outcomes, there is no doubt that there will be opportunities for a whole series of secondary analyses of the data, bringing together outcome data from multiple perspectives and at multiple time-points (including a one-year follow-up); qualitative data about the experience of young people, their families and their therapists (again, at multiple time points); and finally audio-recordings of the therapy sessions themselves, which allows a systematic investigation of the adolescent therapy process itself. The bringing together of outcome and process, qualitative and quantitative, idiographic and nomothetic approaches, raises many challenges - epistemological, methodological and pragmatic. But the opportunity to carry out such a mixed-methods study goes a long way to answering some of Mary Boston's 1989 questions, about finding a suitable methodology for evaluating psychoanalytic psychotherapy with children. The papers collected in this dissertation

therefore end where all good research should - with many more questions, and much more work to be done.

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